



# Incident Report

Print Date/Time: 01/21/2016 11:32

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00000916

**Incident Date/Time:** 1/15/2016 1:18:00 PM  
**Location:** MARKET PL / 91ST AVE NE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 314-1111  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0112-Warbis
19S15	SS0075-Christensen

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	STEWART, WILLIAM					
2	Reporting Party	GRIFFITH, TAMMIE					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

**01/15/2016 : 13:23:29 SP0382 Narrative: Narrative added from associated Call #: 970 - CC, NON INJ, NON BLOCKING, GRY TOYOTA TACOMA VS BRN CHEVY CAMARO**

**01/15/2016 : 13:21:19 SP0411 Narrative: LR411**

**01/15/2016 : 13:21:17 SP0411 Narrative: APPEARS NON INJ, RP WITNESSED.**

**01/15/2016 : 13:20:24 SP0411 Narrative: AC, 2 VEH NON INJ, BLKING. OCC OUT OF VEHS. RED TRANS AM VS GRY TOYOTA PU**

## STATEMENT STEWART WILLIAM



## LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER \_\_\_\_\_

2016-00000916

VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Stewart, William J	RACE white	ETHNICITY American	SEX M	D.O.B. 12/19/84	AGE 31	HGT 6'1"	WGT 180	HAIR Brown	EYES Hazel
STREET ADDRESS 9513 2nd st unit 37			CITY lake stevens			STATE WA		ZIP 98258	
HOME PHONE 425 518 0446		CELL PHONE →			WORK PHONE				
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT Mc Vays mobile welding				

## STATEMENT:

Driving East through Market street and 91st Ave Northeast intersection a comaro turned left and hit me My light was Green He was Yield to oncoming traffic

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

Jan 15/2016

OFFICER/NUMBER:

5112

DATE SIGNED:

1-15-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"



# LAKE STEVENS POLICE DEPARTMENT

## INCIDENT STATEMENT FORM

CASE NUMBER \_\_\_\_\_

2016-0000916

VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) O'Brien Seth Allen		RACE WLL	ETHNICITY	SEX M	D.O.B. 08/08/77	AGE 36	HGT 5'5"	WGT 135	HAIR brown	EYES
STREET ADDRESS 8412 12 <sup>th</sup> St NE Lake				CITY Lake Stevens		STATE WA		ZIP 98258		
HOME PHONE		CELL PHONE 925-410-0233			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT					

## STATEMENT:

I taking a left onto 91<sup>st</sup> and as I was pulling forward into the Inter Section I failed to see & stop intine to avoid collision

INSURANCE -

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

Seth O'Brien - MWA

DATE SIGNED:

1/15/16

OFFICER/NUMBER:

S. WAKKIS 112

DATE SIGNED:

1-15-16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

# POLICE TRAFFIC COLLISION REPORT



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO.

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE # 16-00000916

LOCAL AGENCY CODING

TOTAL # OF UNITS 02 OBJECT STRUCK

DATE OF COLLISION 01 - 15 - 2016 TIME (2400) 1318 COUNTY # 31 MILES N E IN S W OF 0864

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

MARKET PL BLOCK NO.  MILE POST

DISTANCE  MILES  N E S W OF (REFERENCE OR CROSS STREET) 91ST AVE NE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4254180233

LAST NAME OBRIEN-MOTER FIRST NAME SETH MIDDLE INITIAL A

STREET NEW ADDRESS 8712 12TH ST NE

CITY LAKE STEVENS ST WA ZIP 982582413

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE WA SEX M D.O.B. MMDDYYYY 08 - 02 - 1999

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 2 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # 279XHJ STATE WA VIN# 1Q87G9L805814

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1979 MAKE CHEV MODEL CAMAR STYLE P2 VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. ANGELA OBRIEN 8712 12TH ST NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # AUSTIN MUTUAL 01 PA 4825554

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4255180446

LAST NAME STEWART FIRST NAME WILLIAM MIDDLE INITIAL J

STREET NEW ADDRESS 9513 2ND ST SE UNIT 37

CITY LAKE STEVENS ST WA ZIP 982583917

CDL RESTRICTIONS ENDORSEMENTS L

DRIVER'S LICENSE # STEWAWJ161RR STATE WA SEX M D.O.B. MMDDYYYY 12 - 19 - 1984

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # C10088E STATE WA VIN# 3TMMU4FN3AM021715

TRAILER PLATE # STATE TRAILER PLATE # STATE

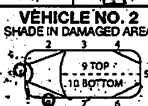
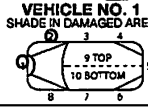
VEH. YEAR 2010 MAKE TOYT MODEL TACPU STYLE CW VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. CHRISTINA HEINRICH 9513 2ND ST SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # STATE FARM 360 7941-013-47B

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

OFFICER'S NAME (PRINT) STEVE WARBIS BADGE OR ID # 112 AGENCY WA0311900



PART A 3000-345-159 R (7/06)

PAGE 01 OF 3




**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO.

CASE #

16-00000916

**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Unit 2 was traveling east on Market Place. Unit 1 was traveling west on market Place then turned left onto 91st Ave N.E. in front of Unit 2. Unit 2 was unable to avoid Unit 1 and the two colided in the middle of the intersection. Unit 1 believed he had a green turn arrow; however there is not a green turn arrow allowing a left turn onto 91st from Market. Unit 2 driven from the scene. Unit 1 was obtaining his own private tow. No injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>STEVE WARBIS</b>		<b>01-15-16 04:58 PM</b>	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY <b>BOB SUMMERS 0079</b>		DATE	
BADGE OR ID #	112	ORI #	WA0311900
TIME POLICE DISPATCHED	1:18 PM	TIME POLICE ARRIVED	1:21 PM

REPORT NO.

CASE # 16-00000916

DATE AND TIME  
OF COLLISION 01/15/16 13:18

